| •  |                           |   |                   |                 | Application or Docket Number |      |                         |                        |  |
|--|---------------------------|---|-------------------|-----------------|------------------------------|------|-------------------------|------------------------|--|
| PATENT APPLICATION Effective Particular Part | ON FEE DE<br>ctive Octobe |   | ON RECOP          | SD              | 10/                          | 077  | 1071                    |                        |  |
|  |                           |   |                   |                 | 100                          | 4    | 07                      |                        |  |
| CLAIMS AS FILED - PART (Column 1) TOTAL CLAIMS 2 /   |                           |   | (Column 2) SMALL  |                 | ENTITY OR                    |      | OTHER THAN SMALL ENTITY |                        |  |
| OTACCUAINS   | 31                        |   |                   | RAT             | E FEE                        |      | RATE                    | FEE                    |  |
| OR   | NUMBER FI                 | LED NUME                                    | NUMBER EXTRA      |                 | FEE 370.00                   | OR   | BASIC FEE               | 740.00                 |  |
| OTAL CHARGEABLE CLAIMS   | 3/ minu                   | s 20= *                                     | • /1              |                 | =                            | OR   | X\$18=                  | 158                    |  |
| PENDENT CLAIMS 2 minus 3 =   |                           | us 3 =                                      | ,                 |                 | -                            | OR   | X84=                    |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                           |   |                   | .140            |                              | 1    | .000                    |                        |  |
| f the difference in column 1 i   | s less than zero          | o, enter "O" in a                           | column 2          | +140            |                              | OR   | +280=                   |                        |  |
|  |                           |   |                   | TOTA            | L                            | OR   | TOTAL                   | 93x                    |  |
| 24 64 (Column 1)   |                           | (Column 2)                                  | (Column 3)        | SMAI            | L ENTITY                     | OR   | OTHER<br>SMALL          |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total • 34  Independent • 2  |                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE            | ADDI-<br>TIONAL<br>FEE       |      | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| Total • 34   | Minus                     | -31   | -3                | X\$ 9           |                              | OR   | X\$18=                  | 54                     |  |
| Independent • 2'   | Minus                     | MDENT CLAIR                                 |                   | X42=            |                              | OR   | X84=                    |                        |  |
| PINOT PRESENTATION OF I  | NOLTIFIE DEFE             | INDENT CLAIM                                |                   | +140            | 3,                           | OR   | +280=                   |                        |  |
| 1.1.1  |                           |   |                   | TOT<br>ADDIT. F |                              | OR   | TOTAL<br>ADDIT, FEE     | 54                     |  |
| (Column 1)   |                           | (Column 2)                                  | (Column 3)        | ADDIT. F        | cc <b></b>                   |      | ADDII. PEE              |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT   |                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE            | ADDI-<br>TIONAL<br>FEE       |      | RATE                    | ADDI-<br>TIONAL        |  |
| Total 32   | Minus                     | . 39  | -80               | X\$ 9:          |                              | OR   | X\$18=                  | FEE                    |  |
| Independent  |                           | <del></del> 3                               | -O                | X42=            |                              | OR   | X84=                    |                        |  |
| FIRST PRESENTATION OF M  | IULTIPLE DEPE             | NDENT CLAIM                                 |                   | +140=           |                              | OR   | +280=                   |                        |  |
|  |                           |   |                   | YOY             | AL                           | OB   | TOTAL                   | 1                      |  |
| (Column 1)   |                           | (Column 2)                                  | (Column 3)        | ADDIT, FI       | E L                          | 10   | ADDIT. FEE              | 4                      |  |
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE            | ADDI-<br>TIONAL<br>FEE       |      | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
| Total •  | Minus                     | **  | =                 | X\$ 9=          |                              |      | X\$18=                  |                        |  |
| Independent •  | Minus                     | ***   | -1                |                 |                              | OR   |                         |                        |  |
| FIRST PRESENTATION OF M  | IULTIPLE DEPE             | NDENT CLAIM                                 |                   | X42=            |                              | OR   | X84=                    |                        |  |
| If the entry in column 1 is less than  | the entry in column       | 2 write "11" in co                          | lumn 3            | +140=           |                              | OR   | +280=                   | ·                      |  |
| " BIE CHAL BI COMMISSI I ID 1699 [187]   |                           |   | n 20, enter "20," | TOTA            | L.                           | OR . | TOTAL                   |                        |  |